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<b>SERIAL NUMBER</b> 10/815,411	<b>FILING OR 371(c) DATE</b> 04/01/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> 04265293
<b>APPLICANTS</b> Marcus Braun, Stuttgart-Vaihingen, GERMANY; <b>** CONTINUING DATA *****</b> AT <b>** FOREIGN APPLICATIONS *****</b> GERMANY 103 14 827.2 04/01/2003 AT <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/17/2004</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>AT</i> Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 11
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> David M. Thimmig MAYER, BROWN, ROWE & MAW LLP P.O. Box 2828 Chicago, IL60690-2828				
<b>TITLE</b> Surgical instrument				
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	